



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 3676

|   |   |                               |   |  |
|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/468,471  | <b>FILING DATE</b><br>12/21/1999<br><b>RULE</b>   | <b>CLASS</b><br>422           | <b>GROUP ART UNIT</b><br>3762   | <b>ATTORNEY DOCKET NO.</b><br>THOX:0021--1 |
| <b>APPLICANTS</b><br>VINCENT DIVINO, JR., MISSION VIEJO, CA;<br>WILLIAM R. PATTERSON, IRVINE, CA;<br>JEFFREY L. CREECH, LOS ANGELES, CA;<br>STEPHEN E. MYRICK, TUSTIN, CA;  |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CON OF 09/410,344 09/30/1999   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE</b><br><b>GRANTED ** 01/28/2000</b>  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <input checked="" type="checkbox"/> <i>[Signature]</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>14   | <b>TOTAL CLAIMS</b><br>39                  |
| <b>INDEPENDENT CLAIMS</b><br>4  |   |                               |   |  |
| <b>ADDRESS</b><br>27405   |   |                               |   |  |
| <b>TITLE</b><br>METHOD OF FORMING GAS-ENRICHED FLUID  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>590   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |

|                             |                         |              |                        |                                     |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/468,471 | FILING DATE<br>12/21/99 | CLASS<br>422 | GROUP ART UNIT<br>3762 | ATTORNEY DOCKET NO.<br>THOX:0021--1 |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|

APPLICANT

VINCENT DIVINO, JR., MISSION VIEJO, CA; WILLIAM R. PATTERSON, IRVINE, CA;  
JEFFREY L. CREECH, LOS ANGELES, CA; STEPHEN E. MYRICK, TUSTIN, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A CON OF 09/410,344 09/30/99

*Nos 12*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/28/00 \*\* SMALL ENTITY \*\*

|  |                        |                      |                    |                         |
|--|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u> | STATE OR COUNTRY<br>CA | SHEETS DRAWING<br>14 | TOTAL CLAIMS<br>39 | INDEPENDENT CLAIMS<br>4 |
|--|------------------------|----------------------|--------------------|-------------------------|

ADDRESS

MICHAEL G FLETCHER  
FLETCHER YODER & VAN SOMEREN  
P O BOX 692289  
HOUSTON TX 77269-2289

*Revoked*

TITLE

APPARATUS AND METHOD FOR BLOOD OXYGENATION

|                                  |   |   |
|----------------------------------|---|---|
| FILING FEE RECEIVED<br><br>\$590 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
|----------------------------------|---|---|